

Network of Minority Research Investigators (NMRI)
REQUEST A MENTOR FORM

If you are interested in becoming a mentee of the NMRI, please complete the following form and send a copy via email to: martinezwm@mail.nih.gov. This information will be forwarded to NIDDK staff and the NMRI Oversight Committee to determine if there is someone who would like to be your mentor.

Name: _____ Degree(s): _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone: _____ Fax: _____

1. Are you currently a member of the NMRI? ____ If not, you must join the NMRI in order to request a mentor. Go to <http://nmri.niddk.nih.gov/workshops/> and complete the membership request form.

2. Indicate your current status:

Senior Investigator ____ Junior Investigator ____ Fellow ____ Post Doc ____ Student ____

3. List your areas of research interest. Please list at least 3 areas and prioritize them from 1-3.

1. _____

2. _____

3. _____

4. If you have suggestions for a mentor, please list them in the space below.

Please save this file and email it to martinezwm@mail.nih.gov.
